FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82923 (0)

1. Corporation Name

BONE VOYAGE, INC.

Principal Place of Business	Mailing Address
% SUSAN BAKER ~~PUNTA GORDA FL 33982~~ ~~US~~	% SUSAN BAKER 3133 SALZEDO CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/13/1987	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2820210	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Pen Key	26
Suite, Apt #, etc. 22 P.O. Bx 189	Suite, Apt #, etc. 27 P.O. Bx 189
City & State 23 Islamorada	City & State 28 Islamorada
Zip 24 33036 · County 25 Monroe	Zip 29 FL · Country 30 33036

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, SUSAN 17400 RIVER RANCH CT PUNTA GORDA FL 33982	81 Name: Suzan Baker 82 Street Address (P.O. Box Number is Not Acceptable): Pen Key Club 83 82991 O/S Hwy 84 City: Islamorada FL 85 Zip Code 33036

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Baker — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: BAKER, LEE W. STREET ADDRESS: 17400 RIVER RANCH CT CITY-ST-ZIP: PUNTA GORDA FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP: Pen Key P.O. Bx 189 Islamorada FL 33036 — ☒ Change ☐ Addition
TITLE: D NAME: BAKER, SUSAN STREET ADDRESS: 17400 RIVER RANCH CR CITY-ST-ZIP: PUNTA GORDA FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP: Pen Key P.O. Bx 189 Islamorada FL 33036 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Baker Suzan Baker 2/1/96 305 664-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)